

SEP 23 2005

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Application or Docket Number
10/806,275

CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN SMALL ENTITY		
		(Column 1)	(Column 2)			RATE	FEE	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA					
BASIC FEE (37 CFR 1.16(a))		1		0			\$	770	
TOTAL CLAIMS (37 CFR 1.16(c))		19	minus 20 =	*	0		x \$	=	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		3	minus 3 =	*	0		x	=	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					0		+	=	0
					TOTAL		0		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY				
		(Column 1)	(Column 2)			(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(e))	*	12	Minus	**	20	=	0	x \$	=	0
	Independent (37 CFR 1.16(b))	*	1	Minus	***	3	=	0	x	=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	=	0	+	=
					TOTAL ADDIT. FEE		0				

AMENDMENT B					SMALL ENTITY		OTHER THAN SMALL ENTITY			
		(Column 1)	(Column 2)			(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE <td style="text-align: center;">ADDITIONAL FEE</td> <td style="text-align: center;">RATE</td> <td style="text-align: center;">ADDITIONAL FEE</td>	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(e))	*	Minus	**	=		x \$	=	x \$	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x	=	x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	=	+	=
					TOTAL ADDIT. FEE		0			

AMENDMENT C					SMALL ENTITY		OTHER THAN SMALL ENTITY			
		(Column 1)	(Column 2)			(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(e))	*	Minus	**	=		x \$	=	x \$	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=		x	=	x	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+	=	+	=
					TOTAL ADDIT. FEE		0			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is calculated to take 0.2 hours to complete. Time will vary depending upon the result of the individual case.
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